



FOR OFFICIAL USE ONLY

Agency Interest No. _____

Site I.D. No: _____

Louisiana Department of Environmental Quality
Permits Division, Registrations and Certifications Section
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313

SOLID WASTE TRANSPORTER NOTIFICATION FORM
(Separate Form for Industrial Solid Waste Generators, Processors, or Disposers)

Fees: Initial: \$132 plus \$33 per vehicle

Applicant Information (Print Legibly or Type)

Make checks payable to LDEQ (Fees exempt if hauling less than 100 tons per year)

1. Name of Transporter:	4. Contact Phone:
2. Transporter Mailing Address:	5. Contact Fax:
City, State, Zip:	6. Physical Location/Street Address:
3. Contact Name & Title:	City/State/Zip

7. Type of Operation: *(Check each applicable line or box)*

TYPE I Industrial Waste _____

TYPE II Residential & Commercial Waste _____

TYPE III Woodwaste Landfill _____

Construction/Demolition-Debris Landfill _____

OTHER

☐ **Asbestos**

☐ **Medical Waste**

☐ **Other**

Describe: _____

8. Please list all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.

MAKE	MODEL	YEAR	LICENSE NUMBER	REGISTERED OWNER

9. Certification: I have personally examined and I am familiar with the information submitted, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Print Name and Title

Date

Revised 12/31/03

SOLID WASTE TRANSPORTER NOTIFICATION FORM INSTRUCTIONS

These instructions explain each item on the *Notification Form* and the information or response to be entered. Please type or print in black ink all entries *except for "Signature"*, which must be signed in ink. If necessary, use additional sheets or documents to fully answer any questions.

1. **Name of Transporter:** Enter the name of the Transporter that collects and transports solid waste.
2. **Mailing Address:** Enter the mailing address for the Transporter. This office will mail all site related correspondence to this address.
- 3-5. **Contact:** Enter the name, title, business telephone, and Fax number of the person to contact regarding information supplied on this form.
6. **Physical Location:** Actual Location of the site. Enter the street address (*not Post Office Box*); highway number; or other specific identifiers, and the city and state in which the information on this form applies. If the mailing address (*Item Number 2*) and the site location are the same, insert "*Same as Number 2*" after "*Physical Location*" in *Item Number 6*.
7. **Type of Operation(s):** The notification form categorizes Operation as:
 - Transporter** – any person who moves industrial solid waste off-site and/or who moves solid waste of a commercial establishment or more than one household to a storage, processing, or disposal facility.
 - Type I Waste** – Industrial solid wastes.
 - Type II Waste** – Residential or commercial solid waste
 - Type III Waste** – Construction/demolition debris or woodwaste. Residential, commercial, or industrial solid waste must not be disposed of in a Type III facility.
8. List all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.
9. **Certification:** Provide the signature, typed name, and title of the individual authorized to sign the application, and the date of signature.